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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMI	BER: 090600001		CITY OR TO	NWC	NORTHFII	ELD
APPLICATION 1	FOR RENEWAL:	Annual	L	LICENSED FOR 2013		
		CLASS	;			YEAR
LICENSEE NAM	E: NORTHFIEL	D & MOUNT HERM	ION SCHOOLS			
DOING BUSINE	ESS A NORTHFIE	LD INN GOLF COU	RSE			
ADDRESS HOL	TON ST. HGHLNI	) AV				
CITY/TOWN: N	NORTHFIELD	STATE:	MA ZIP COI	DE:	01360	
	RANZOSO, IARY L.	TYPE OF LICENSI	E:Restaurant	Cz	ATEGORY:	All Alcohol
EMAIL ADDRE	SS:					
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YO	OUR EMAIL ADDRESS			1
DESCRIPTION (	OF LICENSED PRI	EMISES:				
GOLF CLUBHO	USE 1-STORY W	OOD FRAME APPR	OX. 1.000 SQ. FT	.W/3 1	EXITS/ENT.	
I hereby certify a	nd swear under pena	alties of perjury that:				
		e of the same type for	=			
	•	with all laws of the C		ating to	o taxes; and	
3. the pro	emises are now oper	n for business (If not	explain below)			
SIGNED BY	Individual, Pa	rtner or Authorized (	Corporate Officer			
DATE:	TELEPI	HONE NUMBER:				ION NUMBER:
			(Note: <u>N</u>	OT Ind	ividual Social S	ecurity Number)
Acts of 2004, sig	gned by the buildin	e are in possession ( g inspector and the te of liquor liability	head of the fire d	epartı	nent for the	above
Please Check Below:			LOCAL LI	CENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED						
(If disapproved e	xplain)					
DATE:						
DATE.						

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 090600002		CITY OR TOWN N	ORTHFIELD
APPLICATION FO	R RENEWAL:	Annual	LICENSEL	O FOR 2013
		CLASS		YEAR
LICENSEE NAME:	VASILIOS PAR	RIOS		
DOING BUSINESS	A NORTHFIELI	O PIZZA HOUSE		
ADDRESS 198 MA	IN ST.			
CITY/TOWN: NO	RTHFIELD	STATE: MA	ZIP CODE: 0	1360
MANAGER:	Т	TYPE OF LICENSE: Re	estaurant CATE	EGORY: Wine and Malt Regular
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUI	R WEBSITE AND ENTER YOUR F	EMAIL ADDRESS	
DESCRIPTION OF				
		ROOM WITH SEATI GE, ALL ON GROUN	NG CAP. FOR APPROX D FLOOR	K. 52 PERSONS, 2
I hereby certify and				
1. the renev	ved license will be	of the same type for the	e same premises now lice	ensed;
2. the licens	see has complied w	vith all laws of the Com	monwealth relating to tax	xes; and
3. the prem	ises are now open i	for business (If not exp	lain below)	
SIGNED BY				
	Individual, Part	ner or Authorized Corp	orate Officer	
D. 1 (T)				
DATE:	TELEPHO	ONE NUMBER:		ENTIFICATION NUMBER: ual Social Security Number)
			(Note: NOT marvide	iai Sociai Security Number)
Acts of 2004, signe	d by the building	inspector and the hea	ne certificate required by dof the fire department or ance required by Cha	t for the above
Please Check Below:			LOCAL LICENSING	G AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expl	am)			
			-	
DATE:				<del></del>



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## OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	CR: 090600003		CITY OR TOWN	NORTHFIELD	
APPLICATION FOR RENEWAL: Annual LICENSED FOR 2			SED FOR 2013		
		CLASS		YEAR	
LICENSEE NAME DOING BUSINESS					
ADDRESS 74 MAI	IN ST				
CITY/TOWN: NO	RTHFIELD	STATE: MA	ZIP CODE:	01360	
	LLIAM L. RNES	TYPE OF LICENSE:	Package Store C.	ATEGORY: Wine ar	
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		
STORE ON FIRST STORAGE AREA, I hereby certify and 1. the renev 2. the licen	ING 5600 SQ. F. FLOOR OF API ONE ENTRANO swear under pen wed license will be usee has complied	EMISES:  T. MORE OR LESS. PEPROX. 2600 SQ. FT. PECE/EXIT AT CENTER alties of perjury that: the of the same type for the with all laws of the Country for business (If not expected).	FRONT OF STORE.  the same premises now mmonwealth relating t	RE OR LESS, licensed;	
SIGNED BY	Individual, Pa	artner or Authorized Co	rporate Officer		
DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION N (Note: NOT Individual Social Security)					
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	lain)		LOCAL LICENS By:	SING AUTHORITY	-
DATE:					_

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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## OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 090600	0005	CITY OR TO	WN NORTHFII	ELD	
APPLICATION FOR RENE	WAL: An	nual LIG	LICENSED FOR 2013		
	CL	ASS		YEAR	
LICENSEE NAME: KIMB	ERLY A. FARMER				
DOING BUSINESS A MIM	'S MARKET				
ADDRESS 60 MAIN ST.					
CITY/TOWN: NORTHFIE	LD STATE	: MA ZIP CODE	E: 01360		
MANAGER:	TYPE OF LICE	NSE:Package Store	CATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:					
PLEASE AL	SO VISIT OUR WEBSITE AND ENT	ER YOUR EMAIL ADDRESS		_	
DESCRIPTION OF LICENS	ED PREMISES:				
CONSISTING OF APPROX ENTRANCE AT FRONT OF			E CUSTOMER		
3. the premises are n	omplied with all laws of to ow open for business (If	not explain below)	ing to taxes; and		
	,				
DATE:	ΓELEPHONE NUMBEΙ	ν.	OYER IDENTIFICAT $f T$ Individual Social S		
Please Check Below:		LOCAL LIC	ENSING AUTHO	ORITY	
APPROVED: DISAPPROVED:		By:			
(If disapproved explain)					
DATE:					

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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	EK: 090600007	'	CITY OR TOWN NORTHI	FIELD
APPLICATION F	OR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
	E: CORINNE M. A			
ADDRESS 74 B	MAIN STREET			
CITY/TOWN: N	ORTHFIELD	STATE: MA	ZIP CODE: 01360	
MANAGER: PA		YPE OF LICENSE: Rest	aurant CATEGORY	: Wine and Malt Regular
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION C	F LICENSED PREM	IISES:		
COUNTER SEAT BARHROOMS.B	TING. OPEN VIEW ( UILDING IS NOT H	GRILL.TO THE REAR	A CONTAINS TABLE SEATIS THE KITCHEN AND PUBLE.STORAGE IS LOCATED RANT.	BLIC
I hereby certify an	d swear under penalti	es of perjury that:		
1. the ren	ewed license will be o	of the same type for the s	same premises now licensed;	
2. the lice	ensee has complied wi	th all laws of the Comm	onwealth relating to taxes; and	d
3. the pre	mises are now open for	or business (If not explai	in below)	
SIGNED BY	Individual, Partn	er or Authorized Corpor	rate Officer	
DATE:	TELEPHC	NE NUMBER:	EMPLOYER IDENTIFICA	ATION NUMBER:
			(Note: NOT Individual Socia	l Security Number)
Acts of 2004, sign	ned by the building i	nspector and the head	certificate required by Cha of the fire department for th ance required by Chapter 1	ne above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved ex			LOCAL LICENSING AUT	HORITY
**				
DATE:				